

MetLife Dental Insurance Enrollment/Change Form



Non-Unit Higher Education Health and Welfare Fund

The Trustees of the Non-Unit Higher Education Health and Welfare Fund are offering the members an indemnity dental plan. In order to participate in the plan, I will have to make a payroll contribution based on the coverage I select. I may also choose not to participate in this dental plan. By completing and signing this form, I am informing the Trustees of my election.

If you do not wish to participate, you still need to submit this form. Please return this form to your Human Resources Administrator's Office.

COVERACE FLECTION								
COVERAGE ELECTION								
☐ I DO wish to participate in this dental plan. I authorize the appropriate payroll deduction.			☐ I DO NOT wish to participate in this dental plan. I understand that I will not have dental insurance through my employer.					
CHECK OFF ALL THAT APPLY								
□ New Hire □ Change of Name Provide former name:								
☐ New Address ☐ Prior Service/Transfer from another Institution Provide former institution:								
Change in Status-Special Handling:			Change in Family Status:					
☐ Waive Waiting Period Coverage Start Date:			☐ Addition of Dependent(s) Effective Date:					
			Reason:					
Reason:			☐ Removal of Dependent(s) Effective Date:					
			Reason:					
Coverage Requested: ☐ Employee only ☐ Family								
EMPLOYEE INFORMATION								
Name		Employee ID #		Social Security #				
Street		City	1			State	ZIP Code	
Phone #	Date of Birth				Date of H	ire		
Work Email Address (required):								
Place of Employment (specify campus):								
DEPENDENTS								
First Name (indicate Last Names only if different)			Date of Birth		Social Security #			M/F
Spouse								
Child								
Child								
Child								
Child								
SIGNATURE								
Employee Signature				Date				

For more information about the plan, visit HealthPlansInc.com/BHE $\,$

HR Administrators may send via: Fax: 508-795-1933 | Email: BHEeligibilityquestions@HealthPlansInc.com | Mail: Health Plans, Inc. · P.O. Box 5199 · Westborough, MA 01581